

# EXHIBIT L

FORM 4187 (REV 4/01)  
06/21/18STATE OF NEW YORK  
DEPARTMENT OF CORRECTIONAL SERVICES

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CONTINUOUS TEMPORARY RELEASE PROGRAM  
TRC REVIEW FORMHUDSON IND TRAINING FACILITY  
BOX 576  
HUDSON NY 12534  
(518) 828-4311FOR: WILLS, RUBEN W  
INMATE NAME17A3437 [REDACTED] WR-OB-36B  
DIN NYSID LOCATION

REVIEW TYPE: PROGRAM REVIEW REVIEW NUMBER: 20180000578 REFER DATE: 06/18/18  
 REVIEW STATUS: \*\*\* COMPLETE NO TRANSFER \*\*\*  
 REFERRED TO THE TRC BY: R. DYNYSIUK, ORC FOR THE FOLLOWING REASONS:  
 < 6/14/18: T2 UNAUTHORIZED MEDICATION. 30 DAYS LOSS OF REC, PKG, COMMISSARY, >  
 < PHONES. 6/1/18: C.O.'S CONDUCTING LOCKER SEARCH DISCOVERED 14 NYQUIL PILLS >  
 < IN WILLS' LOCKER WHICH WERE NOT AUTHORIZED BY THE MEDICAL DEPT. AND WHICH >  
 < ARE NOT PERMITTED IN THE FACILITY. >

HEARING SCHEDULED - TIME: 1415 DATE: 06/21/18 LOCATION: HUDSON WR

INMATE WAIVED 24 HOUR NOTICE: NO  
 INMATE WAIVED APPEARANCE : NO  
 INMATE PRESENT : YES

## EVALUATION:

< 4/6/18: INMATE BEGAN PARTICIPATION IN ITL PROGRAM. HE HAS HAD SATISFACTORY >  
 < PROGRAMMING AND DISCIPLINE PRIOR TO THIS INCIDENT. >  
 < \_\_\_\_\_ >

## TRC RECOMMENDATION: PROGRAM REVIEW NO CHANGE

< TRC COUNSELLED INMATE REGARDING THE IMPORTANCE OF COMPLYING >  
 < WITH ALL RULES AND REGULATIONS. FUTURE NON-COMPLIANCE WILL >  
 < RESULT IN SANCTIONS BEING IMPOSED. >  
 < \_\_\_\_\_ >

TRC CHAIRPERSON: T. BACCARO  
TRC MEMBER: D. KERN

TRC MEMBER: A. COLANERI

## SUPERINTENDENT DECISION: \* PROGRAM REVIEW NO CHANGE\*

&lt; APPROVE RECOMMENDATION OF TRC TO COUNSEL INMATE &gt;

< \_\_\_\_\_ >  
 < \_\_\_\_\_ >  
 < \_\_\_\_\_ >

SUPERINTENDENT ELECTRONIC APPROVAL: TOMLIN, ANITA

DATE 06/21/18

INMATE SIGNATURE *R. Wills*

DATE 6-21-18

WITNESS SIGNATURE *A. Colaneri, DCC*

DATE 06/21/18